



# Lewis County Community Development

2025 NE Kresky Ave, Chehalis, WA 98532

Phone: (360) 740-1146 • Fax: (360) 740-1245

## ADMINISTRATIVE APPROVAL-TEMPORARY SECOND DWELLING (MEDICAL HARDSHIP) TYPE II APPLICATION

Type II applications require a mailed notice to properties within 500 feet of the property and notice posted on the road frontage of the project description. The administrator is the decision making body for the Type II application.

The following are required to be submitted with this Type II application to begin the review process:

### STAFF

### APPLICANT

☐☐

Completed site plan  
(with all the requirements on the Lewis County Community Development 'Site Plan Requirements' Handout)

☐☐

Completed 'General Information' application

☐☐

Completed permit application for the associated permit

☐☐

All additional requirements listed on application

☐☐

Completed 'Permission to Enter' form

☐☐

Signed Adequate Facilities forms provided  
(required for all projects other than development of a single-family residence or large lot simple segregation where new development is not approved)

☐ Not applicable; Explain: \_\_\_\_\_

☐☐

SEPA

☐ Not applicable; Exemption: \_\_\_\_\_

☐☐

Application Fee

Any appeals will be heard by the Lewis County Hearing Examiner per the Lewis County Code Chapter 17.05.

#### For Official Use Only:

Date of Completed Application: \_\_\_\_\_

Application Number: \_\_\_\_\_

Associated Permits: \_\_\_\_\_

Permit Technician: \_\_\_\_\_

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## SITE PLAN REQUIREMENTS

**The application should NOT be submitted unless all points below are addressed. The checklist must be submitted with the application. Submit multiple maps if necessary. Additional information may be requested.**

### STAFF APPLICANT

- ☐ ☐ North arrow, scale, vicinity map, and date.
- ☐ ☐ Site address and parcel numbers for all affected parcels
- ☐ ☐ Property line boundaries, dimensions, and size of the subject parcel(s)
- ☐ ☐ Location of all existing and proposed structures including, but not limited to: houses, sheds, barns, fences, culverts, bridges, storage tanks, retaining walls, decks, and porches
- ☐ ☐ Square footage of all existing and proposed structures, parking, and outside storage areas
- ☐ ☐ Setbacks from property lines for all existing and proposed structures
- ☐ ☐ Utility structures or lines such as septic tanks, sewer lines, drainfields, reserve areas, wells, water lines, power lines, utility easements, etc.
- ☐ ☐ Location of any known and proposed stormwater facilities
- ☐ ☐ Areas to be cleared, graded, excavated, or otherwise disturbed
- ☐ ☐ Location, depth, and extent of all clearing, grading and filling, including written estimates with both cut and fill quantities in cubic yards
- ☐ ☐ Location and identification of any surface waters, ditches, or known wetlands.
- ☐ ☐ Location and identification of topography (ex: top/toe of slope, direction of natural drainage, significant terrain features).
- ☐ ☐ Location of all proposed or existing easements, driveways, access etc.
- ☐ ☐ Location and name of all roads surrounding the property
- ☐ ☐ Any additional information which the applicant feels will assist in evaluating the proposal (ex: maps, drawings, photos)
- ☐ ☐ For all projects other than a single family dwelling, a description of the proposed use is required. Examples include, but are not limited to: personal storage, commercial uses, agricultural uses, garage, etc.

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## GENERAL INFORMATION

### Applicant Contact Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Property Information:

Tax Parcel Number (s): \_\_\_\_\_

Zoning: \_\_\_\_\_ Acreage: \_\_\_\_\_

Site Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

\_\_\_\_\_ Quarter Section, Section \_\_\_\_\_, Township \_\_\_\_\_ North, Range \_\_\_\_\_ East/West (Circle One)

### Surveyor/Engineer or Other Contractor Information (Attach additional sheets if necessary):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Signatures

#### Please check the box:

☐ I/We certify that I/We have read and understand the limitations and conditions of Lewis County Code and agree to comply with all conditions of approval.

By my signature below, I affirm that all the information and documents provided with this application are true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Check one: ☐ Owner ☐ Applicant ☐ Authorized Agent

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## ADMINISTRATIVE APPROVAL- TEMPORARY SECOND DWELLING (MEDICAL HARDSHIP)

**Fees:** The minimum fee due at the time of submittal is \$280. Additional fees may apply.

**Please note:** When daily supervision and care is no longer necessary, this approval shall automatically lapse, without further notice, and the temporary home shall be immediately removed or converted to a conforming use per LCC 17.160.

### Additional Information:

Staff   Applicant

- ☐   ☐   Mobile Home Placement Permit for second dwelling
- ☐   ☐   Any additional materials required by an administrator for the specific project
- ☐   ☐   All Environmental Health requirements, including Lewis County Health Officer authorization that provides confirmation that there is a medical need for a second dwelling to be placed on the property to provide care

**Parcel Number:** \_\_\_\_\_ **Permit Number:** \_\_\_\_\_

### Water Supply:

Existing Source:   ☐ Private Well   ☐ Shared Well   ☐ Public Water   ☐ Group B   ☐ Group A  
☐ Other;   If other, please explain: \_\_\_\_\_

Proposed Source:   ☐ Private Well   ☐ Shared Well   ☐ Public Water   ☐ Group B   ☐ Group A  
☐ Other;   If other, please explain: \_\_\_\_\_

### Sewage Disposal

Existing Method:   ☐ Septic   ☐ Public Sewer   ☐ Other; If other, please explain: \_\_\_\_\_

Proposed Method:   ☐ Septic   ☐ Public Sewer   ☐ Other; If other, please explain: \_\_\_\_\_

### Access, Vehicles, and Traffic

Access Road: \_\_\_\_\_

Please check one:   ☐ Private Road   ☐ County Road   ☐ State Highway  
☐ Other: If other, please explain: \_\_\_\_\_

### Site Characteristics

What is the size (square feet) of the proposed Medical Hardship Building? \_\_\_\_\_

Is the temporary second dwelling for:   ☐ Family member; due to documented physical or mental disorders or disabilities, require daily care  
☐ Person providing the care to the resident

# PERMISSION TO ENTER

\_\_\_\_\_  
**Date**

Lewis County Community Development Department  
Lewis County Health & Social Services (Environmental Health)  
Lewis County Public Works Department  
2025 NE Kresky Avenue  
Chehalis, WA 98532

I understand that County regulations require owner permission for County personnel to enter private property to conduct permit processing, review and inspections. I also understand that my failure to grant permission to enter, or an inability to contact me for prior notification of the time and date of inspection entries, may result in denial or withdrawal of a permit or approval.

Applications have been submitted for the following services:

1) \_\_\_\_\_; 2) \_\_\_\_\_; 3) \_\_\_\_\_;  
(Enter Type of Permit – i.e., building, septic, etc., - include all that apply)

which may require on-site permit processing, review and inspection by employees of the Community Development Department, Lewis County Environmental Services or Public Works for the property at:

\_\_\_\_\_; and \_\_\_\_\_;  
(site address/location) (tax parcel number)

By my signature below, permission is granted for representative(s) of the Community Development, Public Health Departments, and Public Works to enter and remain on and about the property for the sole purpose of processing such permits and performing required inspections and/or reviews.

**By my signature below, I certify that I am either the current legal owner of this property or their authorized representative. With this document I take full responsibility for the lawful action that this document allows.**

Prior notification of the date of inspection(s) will take place is:

[ ] Not required [ ] Required: - ( ) \_\_\_\_\_ - \_\_\_\_\_ (Must provide phone number where applicant/representative can be reached)

\_\_\_\_\_  
**Name as listed on Application**  
**(Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Mailing Address of Signatory (Street / P.O. Box)**

\_\_\_\_\_  
Name of individual signing this document  
( ☐ Property Owner or ☐ Authorized Agent)  
**(Please Print)**

\_\_\_\_\_  
**City, State, Zip**